8. The dangers attending the forcible use of the probang below the region of the cricoid become more manifest when the anatomical relations of the left bronchus are borne in mind.

Relation of the Urinary Organs to Puerperal Diseases.

Dr. W. M. CHAMBERLAIN, Physician to Charity Hospital, New York, contributes to the *American Journal of Obstetrics* (April, 1877) an interesting paper on this subject. His conclusions are as follows:—

1. Acute erysipelatous inflammation of the external genitals may ascend to the kidney, sometimes by the inner and sometimes by the outer surface of the urinary tract.

2. The blood of the parturient woman, saturated with fibrine and poor in hæmoglobin, predisposes her to disease of the excretory organs—the kidneys and liver. With a sufficient exciting cause acute fatty metamorphosis takes place. Fatal cases only are demonstrable, but minor grades of the process are probably not unfrequent.

3. Lymphangitis limited (cellulitis) and lymphangitis diffuse may mechanically induce acute œdema of the kidney in the puerperal woman by obstruction of the ureter.

Diphtheritic or other inflammation involving the muscular coat of the bladder produces the same result.

However excited, œdema of the kidney tends to rapid degeneration both of the tubular and inter-tubular structure.

4. Diffuse lymphangitis, commonly attending septic processes, by rapid destruction of the hæmoglobin, tends to the same result, while ulcerative endometritis, suppurative metrophlebitis and cellulitis, tending to pyæmia, not unfrequently are productive of metastatic suppurative nephritis.

5. The condition known as uræmia tends to develop peritonitis in parturient women.

The Post-mortem Imbibition of Poisons.

In a paper read before the College of Physicians of Philadelphia, and published in their *Transactions* (third series, vol. iii.), Dr. REESE has discussed the very important medico-legal question, Whether a poisonous solution introduced into a dead body, either by the stomach, the rectum, or hypodermically, can percolate through the tissues, by osmosis, so as to impregnate the contiguous organs, and thus produce appearances that might give rise to the suspicion that the poison had been swallowed during life? It will be remembered that the detection of a poison after death *in the organs* of the body is generally regarded by the toxicologist as the most conclusive proof that the death was occasioned by poison—indeed, far more conclusive than the mere discovery of the poison in the stomach—since, in the latter case, the noxious substance might possibly have been introduced into that organ after death; or, even if swallowed during life, it might not have had time to have been *absorbed* into the circulation before death took place from some other cause. The important and interesting question for the legal physician, then, is, Whether it is possible for a poison to get access into a human body, *after death*, and produce appearances in that body similar to, if not identical with, those resulting from swallowing the same poison during life? Dr. Reese very properly remarks that, if the affirmative of this proposition can be established, a very strong point in legal medicine will be made; and a very powerful weapon might thus be placed in the hands of the defence, in a criminal trial for poisoning, which may be wielded by a skilful counsel either for good or evil.

By the *intentional* method of post-mortem imbibition of poisons, the author designates those cases in which poisons have been introduced designedly into the dead body for sinister purposes, and with a view to raise the suspicion of murder against an innocent person. Although in all the annals of poisoning no mention is made of any actual instance of this most diabolical crime, yet we find such high authorities as Orfila and Christisen admitting that it may be quite possible. Dr. Reese cites a remarkable case that occurred in one of our Western States some years ago, in which there were certainly very strong suspicions that a dead body had been thus tampered with for evil purposes. In order to bring the whole matter to the test of actual experiment, at Dr. Reese's suggestion, a member of his class at the University, Dr. George McCracken, performed a series of experiments on the dead bodies of dogs, injecting into their stomachs solutions of arsenic, tartar emetic, and corrosive sublimate, respectively; then burying the animals, and disinterring the bodies after the lapse of different periods of time. The results given are very striking and conclusive: "After twenty-one days' burial, in the case of all three poisonous solutions, on opening the abdomen of the animal, the characteristic coloured spots of the respective sulphides were observed on the spleen, the under surface of the liver, and the portion of the peritoneum posterior to the stomach—*yellow*-coloured in the case of arsenic; *red* in the case of antimony; and *black* in the case of mercury. Each of the metals was likewise discovered by chemical analysis in the liver, spleen, and left kidney. . . . . . . After forty-four days' burial, the deposit of the different sulphides was found to be much more decided, in all three cases being noticed on the upper as well as on the lower surface of the liver, together with the spleen (as in the first experiment); also over the intestines, the omentum, and the kidneys; and, in the case of the arsenic, extending as low down as the fundus of the bladder. By chemical analysis, the poisons were detected in the spleen, liver, and both kidneys. After fifty-nine days' burial, the results were found to be very similar to those last mentioned, only more decided, both as regards the quantity deposited on the various organs in the form of sulphides, and that discovered by chemical analysis."

Dr. Reese draws attention to the interesting experiments of M. Scolosuboff, of Moscow, which go to show that, in dogs and rabbits poisoned by arsenic, this substance is deposited in the brain and spinal marrow in far larger quantities than in the liver and other organs. As this may presumably be the case also in the human subject, the author very properly suggests that, in all doubtful cases of poisoning (especially *metallic* poisoning), the discovery of the toxic agent in either of the great nerve centres would settle the question between ante- and post-mortem poisoning; "since it is hardly conceivable that a poison introduced into a body after death could penetrate by imbibition within the cavity of the cranium or spinal column."